

CLAIMS ONLY

Application Number

10/530207

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 4-4-05		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		2				
11		0				
12		0				
13		0				
14		0				
15		0				
16		0				
17		0				
18	1					
19		1				
20		3				
21		0				
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
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33		0				
34		0				
35		0				
36		0				
37	1					
38		1				
39		3				
40		3				
41		3				
42	1					
43		1				
44		3				
45		3				
46		3				
47	1					
48		1				
49						
50						
Total Indep	5					
Total Depend	61					
Total Claims	66					

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	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						